Status Report of the Prescription Drug Abuse Problem in Indiana

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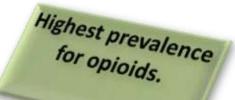
Controlled Substances, Schedules II-V, Dispensed in Indiana, 2008-2011, INSPECT

Majority of legally dispensed drugs are opioids.

	2008	2009	2010	2011
Opioids	5,849,460	6,376,664	5,591,679	5,830,367
	(50.3%)	(50.2%)	(49.3%)	(45.8%)
CNS Depressants	3,558,007	3,902,414	3,514,361	3,889,652
	(30.6%)	(30.7%)	(31.0%)	(30.5%)
Stimulants	1,149,939	1,353,939	1,309,265	1,419,003
	(9.9%)	(10.6%)	(11.5%)	(11.1%)
Others	1,077,686	1,080,914	926,234	1,604,214
	(9.3%)	(8.5%)	(8.2%)	(12.6%)
Total	11,635,092	12,713,931	11,341,539	12,743,236
	(100.0%)	(100.0%)	(100.0%)	(100.0%)

Source: Indiana Professional Licensing Agency, Board of Pharmacy. INSPECT 2008-2011.

Nonmedical Use of Prescription Psychotherapeutics, General Population Ages 12+, Indiana and U.S., National Survey on Drug Use & Health (NSDUH)



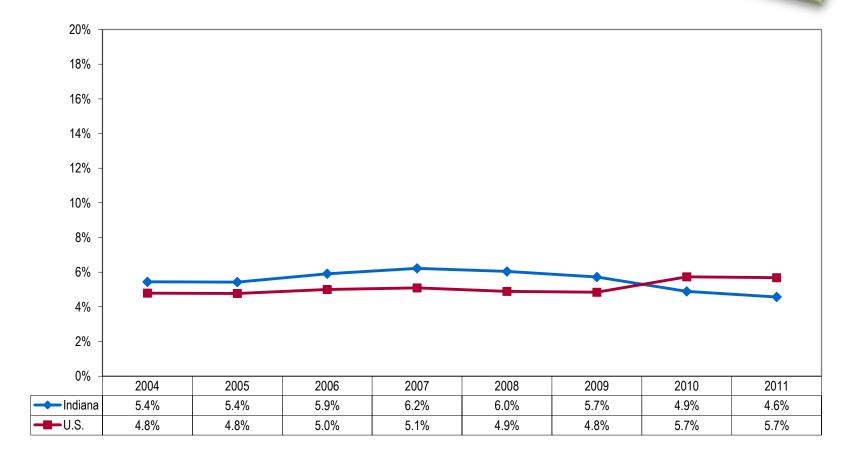
	Lifetime Nonmedical Use		Past-Year Nonmedical Use		Past-Month Nonmedical Use	
	Indiana	U.S.	Indiana	U.S.	Indiana	U.S.
Psycho- erapeutics	20.7%	20.4%	7.6%	6.3%	2.7%	2.7%
Pain Relievers	15.0%	13.7%	6.1%	4.8%	2.0%	2.0%
Tranquilizers	9.1%	8.7%	2.8%	2.2%	0.8%	0.9%
Sedatives	3.9%	3.0%	0.4%	0.4%	0.1%	0.1%
Stimulants	8.3%	8.5%	1.7%	1.1%	0.8%	0.4%

Note: U.S. rates are based on 2010 NSDUH results. Indiana rates are estimated based on annual NSDUH averages from 2002-2004; this is the most recent estimate, since these rates are not continuously computed at the state level.

Source: Substance Abuse and Mental Health Services Administration, 2012

Past-Year Nonmedical Prescription Pain Reliever Use, Ages 12+, Indiana and U.S., 2004-2011, NSDUH

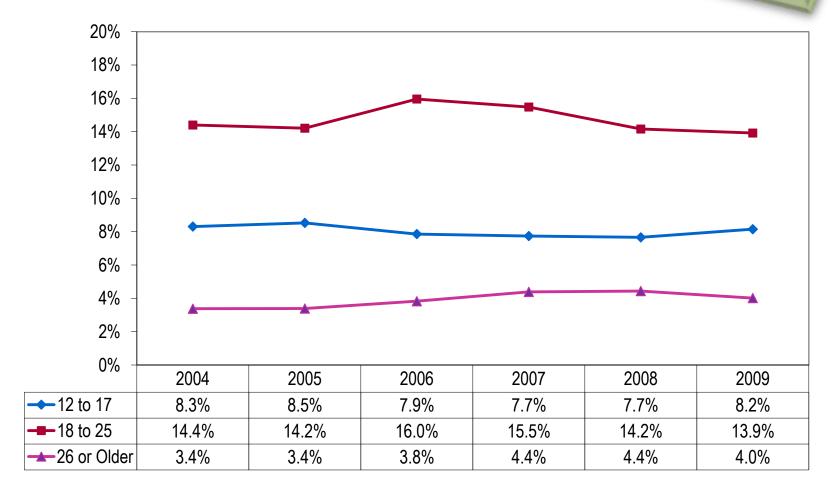




Source: Substance Abuse and Mental Health Services Administration, 2012

Past-Year Nonmedical Prescription Pain Reliever Use, by Age Group, in Indiana, 2004-2011, NSDUH

Most use among those ages 18-25



Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2012

Lifetime Prescription Drug Use without a Doctor's Prescription, 2011, Youth Risk Behavior Survey (YRBS)

Lifetime misuse among Hoosier high school students is 21%

		Indiana			U.S.
		Rate	95% CI	Rate	95% CI
Gender	Male	21.4	(18.3–24.8)	20.7	(19.2–22.2)
	Female	21.5	(18.7–24.5)	19.8	(17.8–21.9)
Race/Ethnicity	White	21.7	(18.5–25.3)	22.9	(21.1–24.8)
	Black	18.4	(13.8–24.1)	14.7	(12.3–17.5)
	Hispanic	19.9	(15.5–25.2)	19.4	(16.4–22.6)
Grade	9 th	13.8	(11.3–16.7)	16.5	(14.2–19.1)
	10 th	23.2	(20.1–26.7)	18.2	(16.1–20.6)
	11 th	24.8	(18.6–32.4)	23.3	(20.8–26.1)
	12 th	24.7	(19.2–31.1)	25.6	(23.4–28.0)
Total		21.4	(18.3–24.8)	20.7	(19.2–22.2)

Source: CDC, 2011 Youth Risk Behavior Survey.

Percentage of Indiana College Students Reporting Use of Prescription Drugs in the Past Year, 2012, Indiana College Substance Use Survey



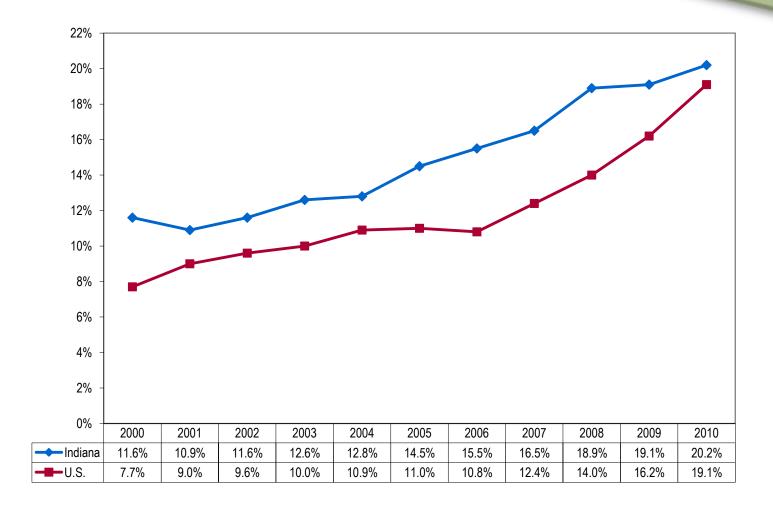
	Rx not prescribed to student	Rx prescribed to student, but misused
Male	15.8%	4.9%
Female	11.1%**	2.7%***
Under 21	11.7%	3.1%
Ages 21+	14.1%***	4.0%*
Private	8.1%	1.9%
Public	14.4%**	4.0%***
Total	12.8%	3.5%
	Female Under 21 Ages 21+ Private Public	Male15.8%Female11.1%***Under 2111.7%Ages 21+14.1%***Private8.1%Public14.4%***

Statistically significant differences between groups: *p < .05, **p < .01, ***p < .001

Source: Indiana Collegiate Action Network, 2012

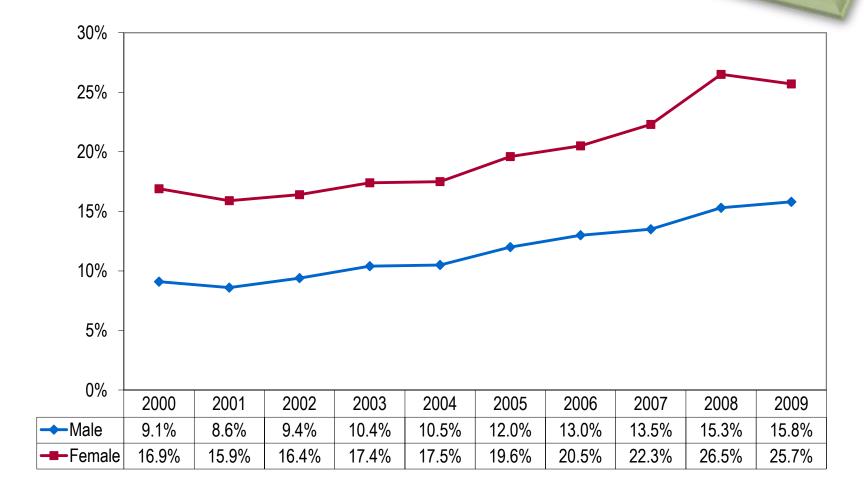
Percentage of Indiana and U.S. Treatment Episodes with Nonmedical Prescription Drug Use Reported at Admission, 2000–2010, Treatment Episode Data Set (TEDS)

Upward trend over the years.



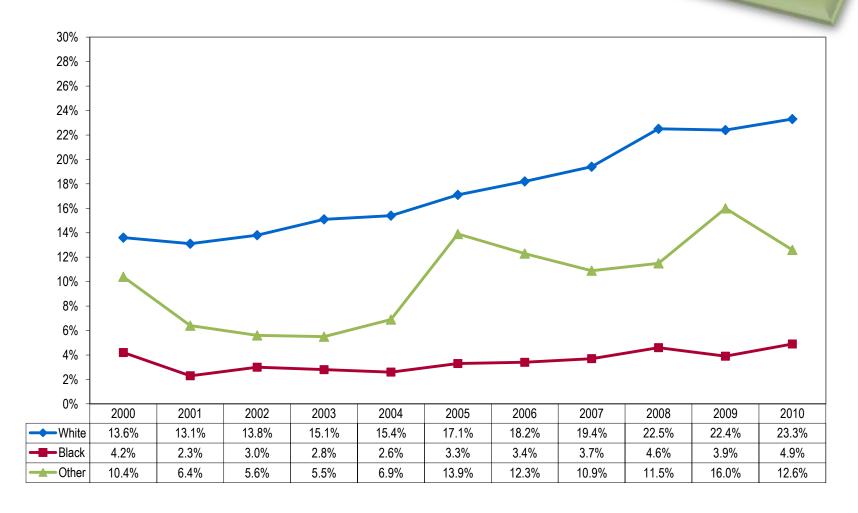
Percentage of Indiana Treatment Episodes with Nonmedical Prescription Drug Use Reported at Admission, by Gender, 2000-2010, TEDS

Higher percentage among females in treatment.

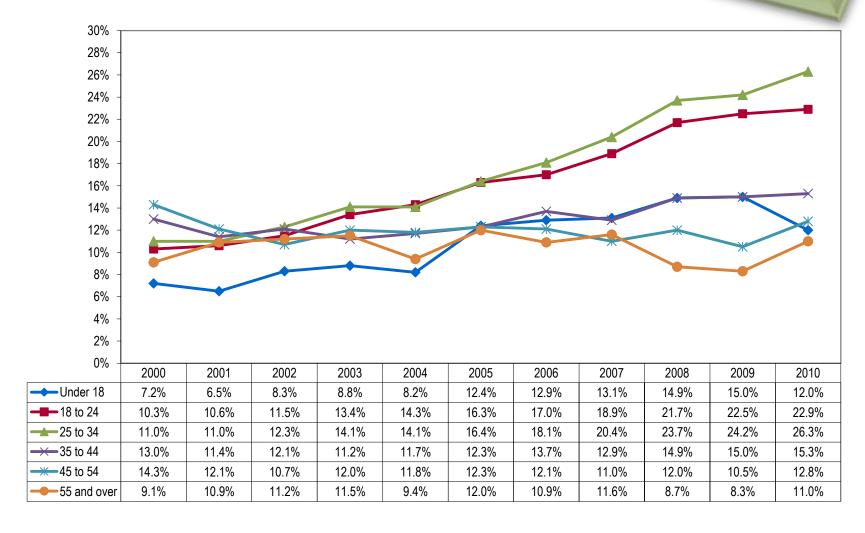


Percentage of Indiana Treatment Episodes with Nonmedical Prescription Drug Use Reported at Admission, by Race, 2000-2010, TEDS

Higher percentage among whites in treatment



Percentage of Indiana Treatment Episodes with Nonmedical Prescription Drug Use Reported at Admission, by Age Group, 2000-2010, TEDS Highest percentages among young adults 18 to 34



Deaths with a <u>Contributing</u> Cause of Poisoning by Narcotics and Psychodysleptics (Hallucinogens) in Indiana, 2008-2010, Indiana State Department of Health (ISDH) Mortality Data Set

Included in T codes for contributing causes	2008	2009	2010
Opium	0	0	0
Heroin	57	66	57
Other opioids (codeine, morphine)	112	158	145
Methadone	76	78	60
Other synthetic narcotics	55	67	50
Other and unspecified narcotics	51	21	20
Cocaine	55	49	46
Cannabis (derivatives)	5	5	7
Lysergide (LSD)	0	0	0
Other and unspecified psychodysleptics			
(hallucinogens; e.g., Mescaline, Psilocin, Psilocybine)	1	0	0
Total	412	444	385

Deaths by Accidental Poisoning in Indiana, 2008-2010, ISDH Mortality Data Set

Accidental Poisoning	2008	2009	2010
By and exposure to non-opioid analgesics, antipyretics			
and anti-rheumatics	3	7	5
By and exposure to antiepileptic, sedative-hypnotic,			
anti-parkinsonism and psychotropic drugs, NEC	14	20	28
By and exposure to narcotics and psychodysleptics,			
NEC	149	172	169
By and exposure to other drugs acting on the			
autonomic nervous system	1	1	2
By and exposure to other and unspecified drugs,			
medicaments and biological substances	350	498	450
By and exposure to alcohol		36	30
Sub-Total	547	734	684

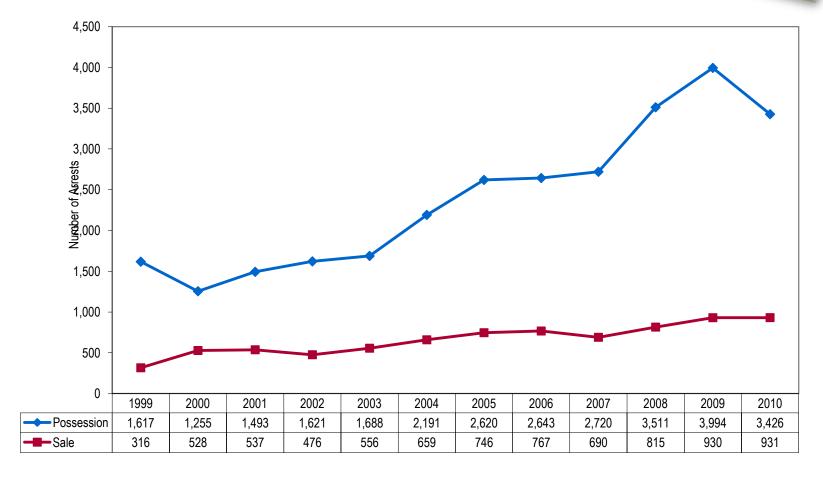
Deaths by Intentional Self-Poisoning in Indiana, 2008-2010, ISDH Mortality Data Set

Intentional Self-Poisoning	2008	2009	2010
By and exposure to non-opioid analgesics, antipyretics			
and anti-rheumatics	1	3	5
By and exposure to antiepileptic, sedative-hypnotic,			
anti-parkinsonism and psychotropic drugs, NEC	9	10	17
By and exposure to narcotics and psychodysleptics, NEC	18	14	12
By and exposure to other drugs acting on the			
autonomic nervous system	1	0	0
By and exposure to other and unspecified drugs,			
medicaments and biological substances	54	75	113
Sub-Total	83	102	147

Deaths by Assault and Poisoning with Undetermined Intent in Indiana, 2008-2010, ISDH Mortality Data Set

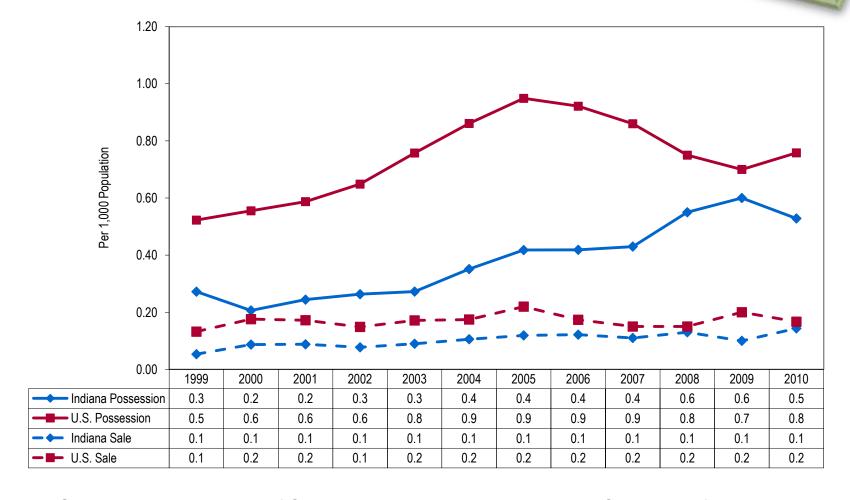
Assault and Poisoning with Undetermined Intent	2008	2009	2010
By and exposure to non-opioid analgesics, antipyretics and			
anti-rheumatics	2	0	5
By and exposure to antiepileptic, sedative-hypnotic, anti-			
parkinsonism and psychotropic drugs, NEC	6	0	2
By and exposure to narcotics and psychodysleptics, NEC	76	26	18
By and exposure to other drugs acting on the autonomic			
nervous system	0	0	1
By and exposure to other and unspecified drugs,			
medicaments and biological substances	130	74	95
Assault by drugs, medicaments and biological substances	4	3	1
Sub-Total	218	103	122
Grand Total	848	939	953

Number of Arrests for Possession and Sale/ Manufacture of "Other Drugs" (Barbiturates & Benzedrine) in Indiana, 1999–2010, Uniform Crime Reports (UCR) Possession more than doubled; sale more than tripled.



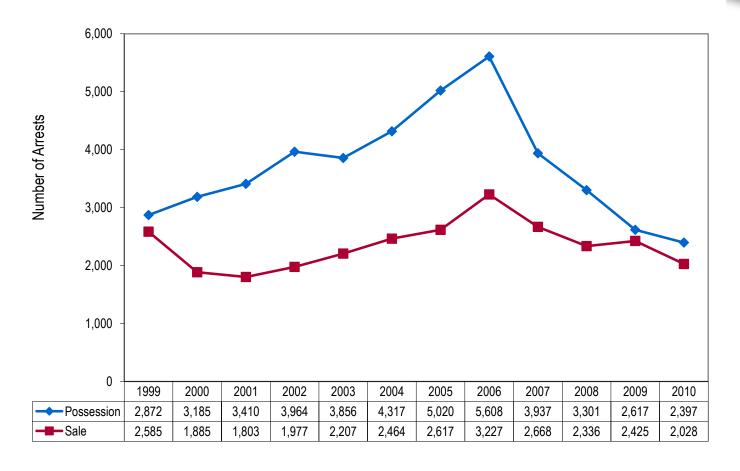
Arrest Rates, per 1,000 Population, for Possession and Sale/Manufacture of "Other Drugs" (Barbiturates & Benzedrine) in Indiana and the U.S., 1999–2010, UCR

Rates between Indiana and U.S. comparable.



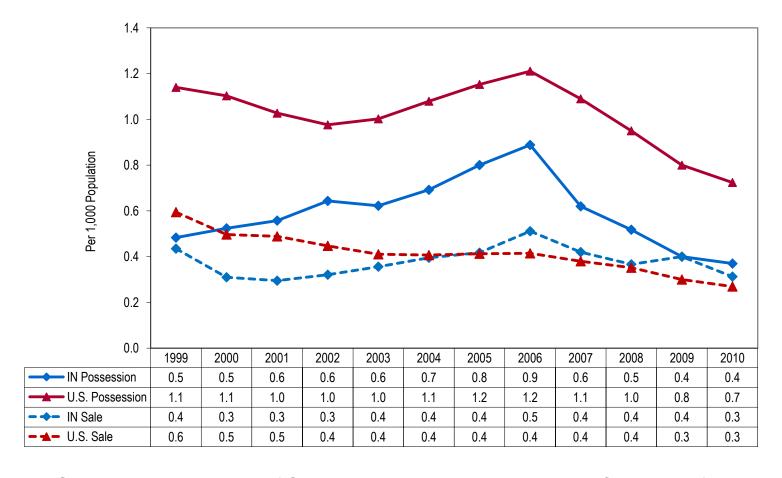
Number of Arrests for Possession and Sale/ Manufacture of Cocaine & Opiates in Indiana, 1999–2010, UCR

Arrests peaked in 2006 and have been declining.



Arrest Rates, per 1,000 Population, for Possession and Sale/Manufacture of Cocaine & Opiates in Indiana and the U.S., 1999–2010, UCR

Indiana arrest rates for possession significantly lower.



Robberies of Indiana Pharmacies, January 1 through August 31, 2012, Indiana Professional Licensing Agency



Rank	County	Number of Break-Ins
1	Marion	32
2	Allen	12
3	Delaware	6
4	Howard	4
5	Hamilton/Johnson	3 each
6+	18 Counties	≤2
Total	24 Counties	87 Robberies*

Source: Indiana Professional Licensing Agency, Board of Pharmacy, 2012

^{*}This includes 82 armed robberies, 1 customer theft, and 4 night break-ins.

Potential Problems Down the Road

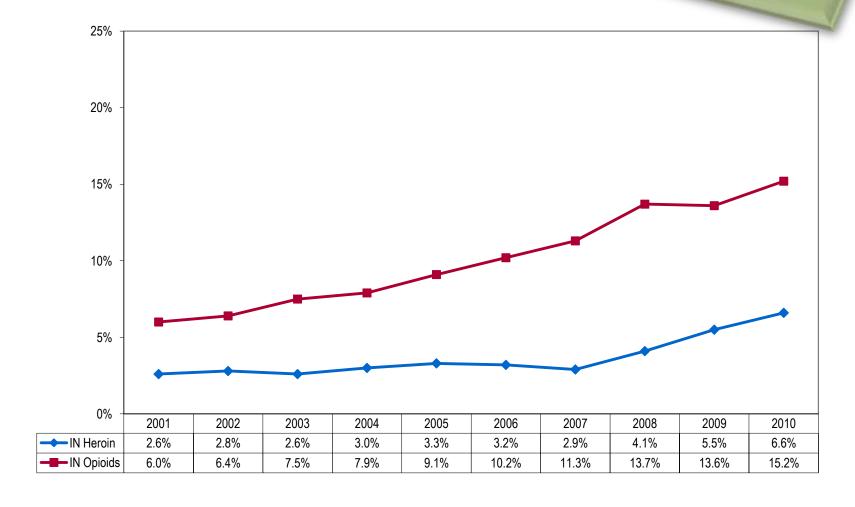
- Some studies suggest that prescription opioids may place abusers at risk for heroin addiction
- Reported reasons for switching from prescription opioids to heroin include
 - Tolerance and physical withdrawal symptoms when deprived of prescription opioids
 - Heroin more readily available, less expensive, and more effective
 - Heroin users stated that they would have never tried heroin had they not become addicted to pain reliever first
- Poly-opioid abusers are at greater risk to switch to heroin compared to abusers of only one prescription opioid





Percentage of Indiana Treatment Episodes with Heroin Use and Nonmedical Opioid Use Reported at Admission, 2001-2010, TEDS

Increase in heroin abuse followed increase in opioid abuse



Source: Substance Abuse and Mental Health Data Archive, 2010

Center for Health Policy

The Center for Health Policy collaborates with state and local government, as well as public and private healthcare organizations in health policy and program development to conduct high quality program evaluation and applied research on critical health policy-related issues.

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